

HEALTH CARE AGENCY
Business Plan

2004



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Director
March 2004



COUNTY OF ORANGE HEALTH CARE AGENCY

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I am pleased to present to you the Health Care Agency's Business Plan for Fiscal Year 2004 - 2005. This plan is a reflection of our continued commitment to share with the County and the community the Agency's past accomplishments and future plans. It also discusses opportunities, challenges and current health service issues.

The Business Plan is an important element of Orange County's strategy in serving the public. The annual process provides us with the opportunity to reflect on our mission and goals, develop strategies and new initiatives to achieve those goals, and measure our performance. It also provides an important platform for detailed program planning, and for employee goal setting.

The current fiscal year has been extraordinarily challenging, requiring service reductions of \$24.6 million impacting programs, and staff, across the Agency. As we prepare strategically for the future, it is very clear that funding for health care services locally, regionally and nationally continues to be extremely vulnerable. With the support of the Board of Supervisors and the County Executive Office, and with the commitment of the Health Care Agency staff, we will continue to closely examine how we conduct business, and explore new ways of providing quality services in the most efficient and effective way possible. The Health Care Agency also continues to build strategic partnerships with many community organizations, working together for a "healthier tomorrow."

With warmest regards,

Juliette A. Poulson, RN, MN
Director

HEALTH CARE AGENCY

2004 BUSINESS PLAN

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I. EXECUTIVE SUMMARY

The Health Care Agency (HCA) is a large and dynamic public agency, comprised of 2,700 employees who are responsible for providing a wide-range of services to the Orange County community.

HCA's core services range from monitoring communicable disease and water quality, to treating those with mental illness or substance abuse problems, to promoting healthy behaviors. The Agency is highly proactive in building and maintaining partnerships to ensure the highest quality of life standards deserved by our residents.

Although the depth of ongoing fiscal difficulties that face the Agency, the County and the State is unclear at this time, the staff of the HCA remains focused on the vision, mission, values, and goals of the organization that the Agency has established. HCA staff members remain committed to developing strategies for the efficient and effective delivery of core services to the community.

VISION: Working Together for a Healthier Tomorrow

MISSION: We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse communities through:

- Partnerships
- Community Leadership
- Assessment of Community Needs
- Planning and Policy Development
- Prevention and Education
- Quality Services

VALUES: Partnering with our clients and the community, we value:



*Excellence in all we do
Integrity in how we do it
Service with respect and dignity*

The Agency's Vision and Mission provided the framework for the development of four Agency Goals, and two internal Business Strategies.

GOALS

1. Prevent disease and disability, and promote healthy lifestyles.
2. Assure access to quality health care services.
3. Promote and ensure a healthful environment.
4. Recommend and implement health policy and services based upon assessment of community health needs.

BUSINESS STRATEGIES

5. Encourage excellence by ensuring a healthy work environment that values employees.
6. Support the workforce through the effective use of technological and other resources.

KEY OUTCOME INDICATORS

Although the Agency uses a multitude of measures to assess performance, six indicators have been selected that cross over several goals and directly reflect our mission. These key performance indicators include healthcare access for children, chronic disease, injury, communicable disease, water quality, and mental/behavioral health.

OPERATIONAL PLAN

This section describes our clients and our resources, discusses challenges and methods for overcoming barriers, and identifies the specific strategies that will be undertaken during Fiscal Year 2004–05 to further the Agency's vision, mission and goals.

CLIENTS

While providing direct services to individual clients or patients, the Health Care Agency's primary focus is to protect and promote the health and safety of the community as a whole. Therefore, our ultimate client is the entire County population as well as the millions who visit Orange County for business or pleasure each year.

RESOURCES

The State's fiscal crisis, as well as local cost pressures, has had major impacts on the Health Care Agency, resulting in a total of \$24.6 million in program reductions in FY 2003-04. Significant funding shortfalls continue into 2004-05, potentially exacerbated by mid-fiscal year actions such as the recent rollback of the Vehicle License Fee (VLF) by Governor Schwarzenegger, but certainly with the beginning of budget deliberations for FY 2004-05. Also, inequities in the statutory allocation of Health and Mental Health Realignment funding to counties is an ongoing concern; HCA is participating in a coalition of under-equity counties seeking legislative relief to redress this historical funding disparity.

Health program leaders estimate that they will be \$23 million short of maintaining current services, including medical services for the poorest county residents, mental health care, and programs affecting children.

Orange County Register 6/25/03

CHALLENGES

We believe that we have crafted strategies for FY 2004-05 that recognize current and projected fiscal constraints; however, there are other ongoing and potential challenges that may inhibit progress. These challenges can be divided into three categories: financial, regulatory, and workforce. This section describes these challenges, and identifies how the Agency is working to overcome these barriers.

STRATEGIES TO ACCOMPLISH AGENCY GOALS

The Health Care Agency's 2004 Business Plan contains 23 strategies that will be addressed during the Fiscal Year 2004-05. The criteria for identifying these selected strategies included consistency with County and Agency strategic goals, anticipated new funding or service mandates, and a realistic assessment of available resources.

2003 ACCOMPLISHMENTS

During 2003, a majority of our Business Plan strategies were accomplished in whole or in part and significant progress was made on our key performance indicators. Major accomplishments include:

- 1. Preventing Disease and Disability, and Promote Healthy Lifestyles:** Training has occurred to familiarize key HCA personnel with the Agency Operations Center (AOC) where coordination of health emergencies or disasters will occur. The California Health Alert Network is being implemented providing an effective means to notify Agency staff and other health professionals in the community. Testing procedures for key biological agents are available in the recently completed bioterrorism containment laboratory.
- 2. Assuring Access to Quality Healthcare Services:** Four clinicians are available to the community to access behavioral health crisis response services. A team has been established to provide intensive mental health services to those individuals who have frequent hospitalizations and/or incarcerations due to behavioral health problems. A specific program for seniors with mental illness was established to provide education regarding their mental illness and offer interventions, with the goal of restoring seniors to their highest possible level of functioning.
- 3. Promoting and Ensuring a Healthful Environment:** The Agency Operations Center is fully equipped and training has been provided which will enhance the County's emergency response capabilities; the public can access ocean water quality information through a newly created web page.

- 4. Recommending and Implementing Health Policy and Services Based upon Assessment of Community Health Needs:** The Health Care Agency provided health related data to the Ninth Annual Conditions of Children Report and the Second Annual Report for the Condition of Older Adults.
- 5. Creating a Working Environment that Encourages Excellence:** The Labor Management Committee has provided updates to employees and established a procedure for Team Excellence awards. The Health Care Agency is in full compliance with the Health Insurance Portability and Accountability Act (HIPAA) privacy standards, as mandated by Federal Law. The HCA has also accomplished all identified projects in full compliance with the Americans with Disabilities Act (ADA).
- 6. Supporting the Workforce through the Effective Use of Technological and Other Resources:** Information Technology successfully implemented the initial phases of the Integrated Records Information System, more commonly referred to as IRIS.

II. MISSION AND GOALS

The Health Care Agency completed a strategic planning process in 2001, which established a vision, mission, and goals, as well as a statement of core values, strategic directions and key performance measures. These statements serve as the Agency's foundation for setting priorities and making decisions.

The 2004 Business Plan for the Health Care Agency again deals with a challenging fiscal environment. Yet in spite of the financial difficulties facing the Agency and the County, we find that the Agency's vision, mission, values, and goals continue to serve us well in shaping strategies designed for the efficient and effective delivery of core services to the community.

Vision

Working Together for a Healthier Tomorrow

Mission

We are dedicated to protecting and promoting the optimal health of individuals, families, and our diverse communities through:

- **Partnerships**
- **Community Leadership**
- **Assessment of Community Needs**
- **Planning and Policy Development**
- **Prevention and Education**
- **Quality Services**

Values

Partnering with our clients and the community, we value:



Excellence in all we do

Integrity in how we do it

Service with respect and dignity

HCA's goals describe how we will achieve our vision and our mission – the value created, or the desired improvement in a condition that is of direct consequence to our clients and the public. Employees' individual performance measures are, in turn, based on the Agency's goals and strategic directions.

Goals

- **Prevent disease and disability, and promote healthy lifestyles.**
- **Assure access to quality health care services.**
- **Promote and ensure a healthful environment.**
- **Recommend and implement health policy and services based upon assessment of community health needs.**

HCA has also identified two internal business strategies focused on our greatest asset, our employees.

Business Strategies

- **Encourage excellence by ensuring a healthy work environment that values employees.**
- **Support the workforce through the effective use of technological and other resources.**

HCA Services and Community Benefits

The Health Care Agency is a regional provider, charged with protecting and promoting individual, family and community health through coordination of public and private sector resources. HCA's service environment is complex, with 180 different funding sources and over 200 State and Federal mandates. The mandates under which HCA operates require the County to provide for, or to regulate, certain health services. Many also carry specific requirements for staffing, operations, claiming and record-keeping.

Many of HCA's services are preventive in nature and therefore are not readily apparent to the public. Some examples of services include food protection, hazardous waste regulation, protection from animal-related diseases, water quality monitoring and pollution prevention, mental health services, alcohol and drug abuse services, preventive health services for the aging, healthcare for incarcerated individuals, communicable disease control, child health and disability program, immunizations, public health field nursing and public health clinics.

HCA is composed of the following service areas:

Public Health Services - Monitors the incidence of disease and injury in the community and develops preventive strategies to maintain and improve the health of the public.

Behavioral Health Services — Provides a culturally-competent and client-centered system of behavioral health services for all eligible county residents in need of mental health care and/or treatment for alcohol and other drug abuse.

Medical and Institutional Health Services — Coordinates emergency medical care, provides medical and behavioral health care to adults and children in institutional settings, and contracts essential medical services for patients for whom the County is responsible.

Regulatory Health Services – Ensures food safety, water quality and protects the public’s health and safety from harmful conditions in the environment, from animal-related injury, and from disease and nuisance hazards through the enforcement of health and safety standards. Animal Care Services, which provides services to over 19 cities, is another component of Regulatory Health Services.

Public Administrator/Public Guardian – The Public Administrator protects the assets and manages the affairs of deceased residents of the County who at the time of death left no known heirs, no will, and no known or legally eligible executor. The Public Guardian is a conservator for individuals who are legally determined to be unable to care for themselves, assuming responsibility for their overall welfare including placement, medical and/or mental health treatment, and asset management.

Financial and Administrative Services – Promotes and provides for the fiscal and operational integrity of the Agency through sound management principles and practices, and provides support services to Agency programs.

The Agency’s current organizational chart can be found in Appendix A. A listing of HCA’s Executive Team can be found in Appendix B.

HCA’s Vision and Mission In Action – “Team Excellence”

As an adjunct to the 2004 Business Plan process, the HCA Labor Management Committee (LMC) surveyed HCA employees for examples of “Team Excellence,” to exemplify the principles of LEAD and Enlightened Leadership in collaborative activities. A total of eight teams were nominated by members or colleagues. The team chosen as best representing Team Excellence will be announced in January, and will be honored at an Employee Recognition event early next year. Other nominees will be recognized in the HCA employee newsletter, “What’s Up,” early in 2004.

KEY OUTCOME INDICATORS

“A person’s health is not a deferrable expense,” said John Davies, president of the Health Care Council of Orange County.

“Protecting our most vulnerable residents must be the top priority for every civilized society.”

Los Angeles Times 6/25/03

The Health Care Agency utilizes a variety of different indicators of performance to meet the mandates of its funding sources and regulatory agencies, and to ensure compliance with established administrative and clinical best practices. The annual Business Plan is one means by which we can summarize our progress in reaching our goals. A summary of how well the Agency did in accomplishing its goals for 2003 is presented in Appendix C.

During 2001, as part of the Agency-wide strategic planning process, a framework for performance measurement was initiated. Although HCA will continue to use a multitude of indicators to assess our performance over the next five years, six indicators have been selected that cross over several goals and directly address our mission. These key outcome indicators include indicators of health care access for children, chronic disease and injury, communicable disease and ocean water quality.

It is important to note that the key outcome indicators selected are reflective of the entire health system, and not just of HCA’s performance. The following pages describe each indicator, its importance, and how we are doing. The particular goal(s) to which each key outcome indicator is related are noted in the description.

Health Care Access for Children

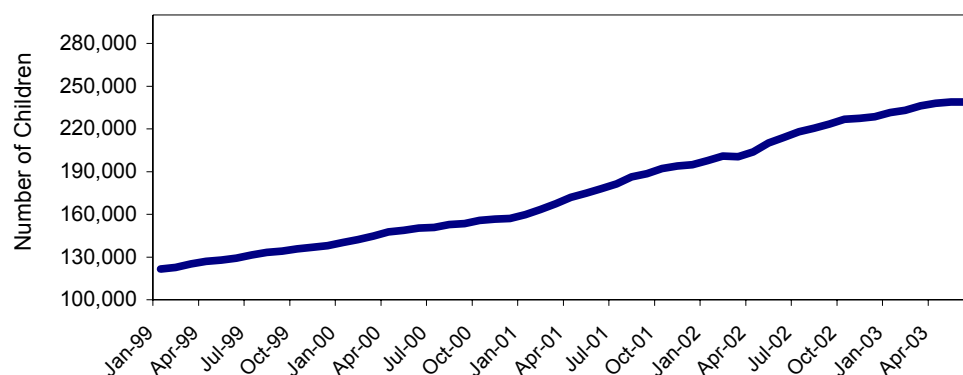
What is the indicator? The number of children in Orange County with health insurance, as indicated by results of 2002 OC Health Needs Assessment (OCHNA), and the number of eligible Orange County children and youth enrolled in health insurance programs including Medi-Cal, Healthy Families, California Kids, Access for Infants and Mothers (AIM), and Kaiser Permanente Cares for Kids health insurance programs. These measures relate to HCA Goals 1, 2, and 4.

Why is it important? Access to health care is a priority. These programs provide health care insurance coverage for children and youth in low-income families. Individuals who are insured are more likely to receive preventive services and health care when needed resulting in improved health outcomes. Monitoring the number of eligible children and those enrolled in these programs enables us to plan outreach and utilization strategies.

How are we doing? *Progress has been made.* Results of the 2002 OCHNA community survey found a 23% reduction in the number of uninsured children since 1998. Specifically, the percentage of children without health insurance has declined from 12.7% in 1998 to 8.6% in 2001 (see table below). This represents more than 20,000 fewer children without coverage, leaving an estimated 69,000 children without insurance. Next year's 2004 OCHNA survey will hopefully show continued improvement.

OCHNA Survey Results	1998	2001
Percent of OC children with health insurance	87.3%	91.4%
Number of OC children with health insurance	704,566	799,790

Total Enrollments in Publicly-Funded Health Insurance Programs



The number of children enrolled in insurance programs such as Medi-Cal, Healthy Families, California Kids, Access for Infants & Mothers (AIM), and Kaiser Permanente Cares for Kids continues to expand. Since January 1999, the total number of children enrolled in these programs nearly doubled, from approximately 121,000 to almost 240,000 as of June 2003.

Chronic Disease

What is the indicator? National Healthy People 2010 (HP2010) focuses on deaths due to the three leading causes of death in Orange County – specifically cancer, heart disease, and cerebrovascular disease (stroke). This indicator relates to HCA Goals 1, 2, and 4.

Why is it important? Heart disease, cancer, and stroke are the three leading causes of death of Orange County residents, accounting for 63% of all deaths in 2000, and over \$1.5 billion annually in hospital charges. It has been estimated that effective preventive measures could reduce early deaths due to such causes by 70%.

Hospitalization Rates and Charges

Orange County, 2000

Disease	Number of Hospitalizations	Hospitalization Rate per 100,000	Total Charges*
All Cancers	9,000	401.6	\$ 401,007,040
Heart Disease	24,688	1,077.6	\$ 877,507,477
Cerebrovascular Disease	6,890	286.9	\$ 223,581,100
Total	40,578		\$ 1,502,095,617

Some hospitals are not required to report charges; hence not all charges are included.

Source: Office of Statewide Health Planning and Development

How are we doing? *Rates have improved.* The table below identifies 2000 and 2001 age-adjusted death rates for Orange County and California (2000 only), as well as the goals established through the Healthy People 2010 (HP2010) initiative coordinated by the U.S. Department of Health and Human Services (shaded area in table below).

The mortality rates for cancer, heart disease and cerebrovascular disease have declined between 2000 and 2001 but are still higher than California's. Over the next seven years continued preventive efforts will be necessary to accomplish the HP2010 objectives for these diseases.

Health Status Indicator	Orange Co. Age-Adjusted Death Rate		Statewide Age-Adjusted Death Rate (2001)	National HP2010 Objective
	2000	2001		
All Cancers	179	178.3	173.4	159.9
Heart Disease	250.6	243.6	225.9	166.0
Cerebrovascular Disease	66	62.2	59.4	48.0

Source: State of California, Department of Health Services, and Death Records.

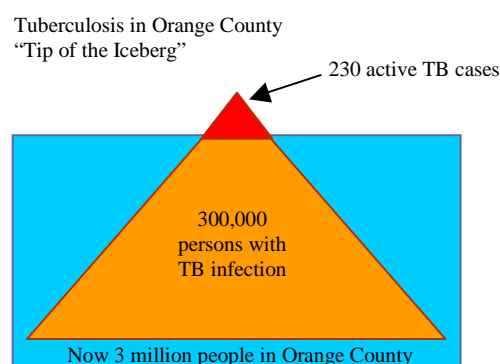
State of California, Department of Finance, 2000-2001 Population: 1997-2040 Population Projections, Dec. 1998

Age-adjusted rates are per 100,000 Year 2000 standard populations.

Communicable Disease

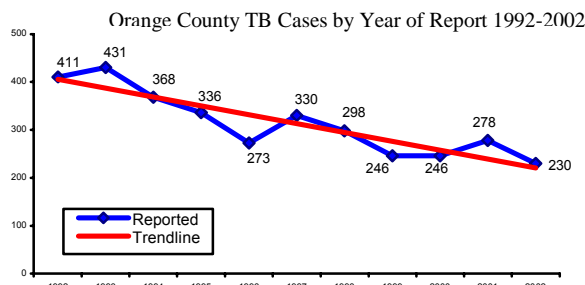
What is the indicator? The Healthy People 2010 indicators for tuberculosis (TB) are measured by the annual incidence of new TB cases and successful completion of treatment for both active TB disease and latent TB infection. These indicators relate to Goals 1, 2, 3, and 4.

Why is it important? Tuberculosis, though treatable, is a serious public health concern. Without treatment, as many as one in ten of the estimated 300,000 persons in Orange County currently infected with latent TB will eventually develop active tuberculosis, a condition which may infect others. Drug-resistant tuberculosis is a major problem in many parts of the world and has emerged in the U.S. as well. Failure to complete drug therapy programs is one of the primary causes of increased drug-resistant TB.



An important strategy in efforts to eliminate tuberculosis is the treatment of latent infection, which substantially reduces the risk of developing active tuberculosis. Persons who are infected with tuberculosis have roughly a 10% chance of developing active tuberculosis disease during their lives. The TB program annually treats approximately 6,000 of the estimated 300,000 Orange County residents with latent TB. Thus, an estimated 600 future cases of active TB are prevented annually through this approach.

How are we doing? *The rate of new cases continues a downward trend, but the complexity of cases increases.* Orange County reported 230 cases of tuberculosis in 2002. This was a decrease of 17% below the 278 cases reported in 2001. Case reports have declined 23% since 1998 when 298 cases were reported; there has been an overall trend of declining cases over the past 10 years, as can be seen in the accompanying graph. Orange County TB cases peaked in 1993 with 431 cases reported. Orange County's 2002 TB case rate of 7.8 per 100,000 population is higher than the U.S. 2002 rate of 5.2, but lower than the California rate of 9.0. These TB case rates remain significantly higher than the Healthy People 2010 objective of 1 case (1.0) per 100,000 population. Homelessness, substance abuse, and drug-resistant tuberculosis have resulted in increasing complexity of cases and more dedicated staff time to provide appropriate medical and psycho-social case management.



Investigation of all active cases of tuberculosis in order to prevent transmission of disease is a high priority of the TB Control Program. More than 900 individuals were identified as contacts to the 179 persons diagnosed and treated for pulmonary TB in 2002. Of those contacts identified with latent TB infection and recommended for treatment, 73% were started on treatment. The treatment completion rate for contacts started on treatment in calendar year 2001 was 56%.

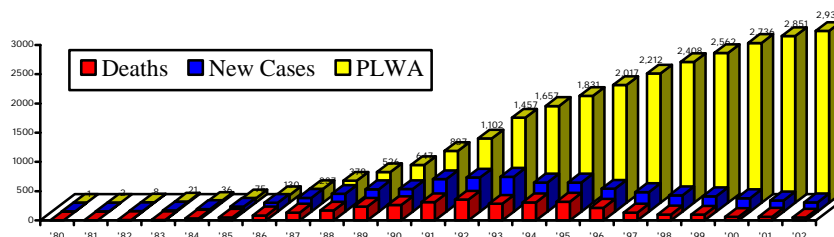
Communicable Disease

What is the indicator? The incidence of Acquired Immunodeficiency Syndrome (AIDS), and successful management of the disease using anti-retroviral treatment for human immunodeficiency virus (HIV) infection (the virus that causes AIDS), as measured by: (a) annual rate of AIDS cases in Orange County, (b) persons living with AIDS (PLWA), and (c) the annual death rate due to AIDS. These indicators relate to Goals 1, 2, 3, and 4.

Why is it important? HIV/AIDS is a serious public health concern in Orange County, as it is throughout the world. Unsafe sexual practices and the sharing of needles by injection-drug users continue to be the primary modes of transmission of HIV in Orange County. Improved treatment regimens have significantly slowed the progression of the disease from initial infection to onset of AIDS, and have dramatically increased the life expectancy (and productive life) of persons living with AIDS (see chart, below). Treatment and other service requirements continue to evolve in response to these dynamic changes in the population in need.

How are we doing? *The rate of new cases of AIDS continues to decline, as do the number of deaths. The number of persons living with AIDS continues to increase.* As of December 2002, a total of 6,216 Orange County resident AIDS cases had been reported to the CDC. In 2002, 159 new cases were diagnosed, a decrease of 17% below the 192 cases diagnosed in 2001.

AIDS in Orange County 1980 – 2002
Deaths, New Cases and Prevalence by Year



Note: New Cases by Diagnosis Year, Deaths by Year of Occurrence

The year 2002 AIDS case rate was 9.1 per 100,000. The California and U.S. rates for the same year were 12.4 and 14.8, respectively. These rates remain significantly above the Healthy People 2010 objective of 1.0 per 100,000. As of December 2002, an estimated 2,939 Orange County residents were living with AIDS, more than double the number living in 1993 (1,463). The number of persons living with AIDS increased 3% between 2001 and 2002.

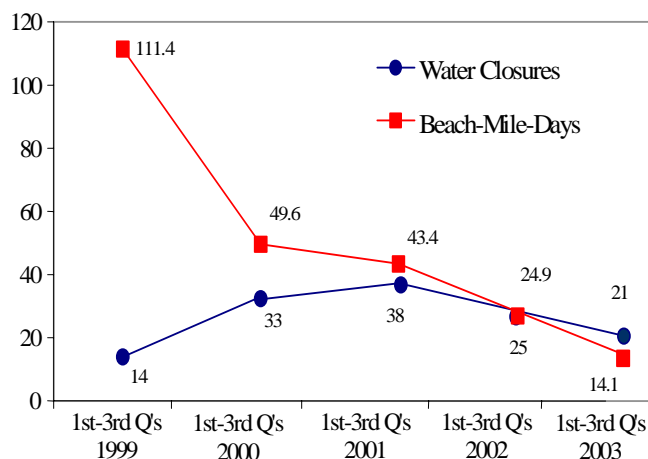
HIV infection became a reportable condition in California as of July 2002, using a non-name code. As with AIDS case reporting, health care providers and laboratories are required to report individuals with HIV infection to the health department within seven calendar days. It is expected that HIV reporting will provide better epidemiological data for persons at all stages of the disease, define the incidence rate and trends for HIV, and demonstrate the impact that the epidemic has on the health care system.

Ocean Water Quality

What is the indicator? The number of beach-mile-days of closure resulting from sewage spills or other contamination as indicated by bacterial testing. This measure relates to HCA Goals 1, 3, and 4.

Why is it important? Improved ocean water quality is a strategic initiative for the County of Orange. The overall goal is to reduce and eliminate environmental threats to community health that are associated with unsafe ocean and recreational water quality. HCA's Ocean Water Protection Program posts warnings at shorelines and bay fronts when bacterial levels exceed health standards, and closes ocean or bay waters when an immediate health hazard is identified. In addition to tracking total numbers of closures, the program uses an additional measure, closures in beach-mile-days, which provides a more meaningful comparison of ocean water availability to the public from year to year. This measure takes into account the length of oceanfront closed, and therefore provides a more refined indicator of the severity of each closure. Ongoing water quality efforts include projects to identify the sources of bacteria and refine laboratory-testing procedures to provide earlier notice of potential health hazards.

How are we doing? *A continued, significant reduction.* Data are only available for the first three quarters of the most recent year (2003), therefore only the first three quarters of prior years are shown. The total number of closures has decreased by 16% between 2002 and 2003. Also, marked improvement is shown by the decrease in number of beach-mile-day closures from 2002 to 2003, down 43% from a year ago and down nearly 87% from the peak observed in 1999. This trend represents a significant reduction in the overall impact of the closures.



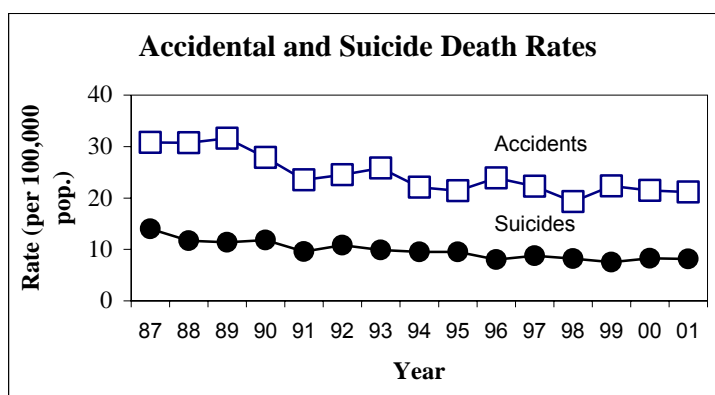
"In Orange County, water quality edged up because of diversions of contaminated flows from storm drains and other cleanup efforts."
OC Register 10/15/03

Violence and Unintentional Injury

What is the indicator? Healthy People 2010 (HP2010) tracks deaths due to unintentional injuries, suicide, and homicide indexes. This indicator relates to Goals 1, 2, 3 and 4.

Why is it important? Unintentional injuries (e.g., motor vehicle crashes, firearms, falls, drowning, suffocation, and fire) are the leading cause of death for OC residents 1 to 34 years of age. Motor vehicle crashes are the most common cause of serious injury and death. While the rate is relatively low depending on the age group, suicide is the third or fourth leading cause of death among persons 15 to 54 years of age in OC. Homicide is the most reliable indicator of all violent crime and has tremendous impact on persons and the community.

How are we doing? *Ongoing, significant reduction.* The rate of preventable losses due to unintentional injuries has declined over the past decade and OC is near the HP2010 objective. OC has already surpassed the HP2010 target objective for motor vehicle accident deaths (7.5 vs. 9.2). Similarly, the rate of suicide deaths has systematically declined over the past decade and OC is below rates for both the state, nation, and approaching the HP2010 target.



Note: Since 1999 on, crude rates were calculated using ICD-10 coding and are not 100% compatible with previous years that relied on ICD-9 coding.

In 2000, the U.S. murder rate was the lowest in 35 years (*5.5 per 100,000*). Nevertheless, homicide is among the top five causes of death for 15 to 54 year old OC residents. Moreover, homicide (in addition to accidental deaths) is the leading cause of death for 15 to 19 year olds. The overall homicide rate for OC is below state and national levels and remains below the HP2010 objective of 3 per 100,000 age-adjusted population.

Cause of Death Indicator	Orange County Age-Adjusted Death Rate		Statewide Age-Adjusted Death Rate (2001)	National HP2010 Objective
	2000	2001		
Unintentional injuries	21.7	23.6	27.4	17.5
Suicide	8.9	8.8	9.6	5.0
Homicide	2.2	2.8	6.6	3.0

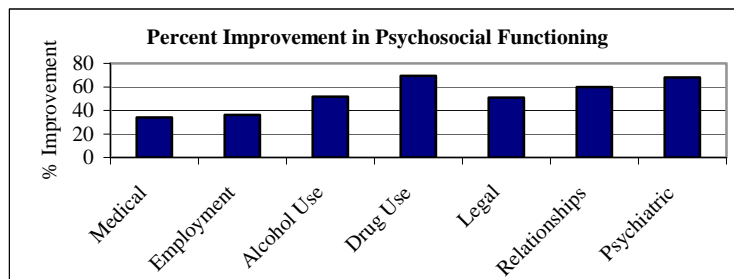
Behavioral/Mental Health Clinical Status

What is the indicator? Clinical status measures for both adults and children who receive HCA Behavioral Health Services. These measures have undergone modification since the previous Business Plan – the State has discontinued these traditional measures and the new guidelines have yet to be fully implemented. Alternate key performance indicators are available for a sample of clients, 1,922 adults and 65 children. These indicators relate to HCA Goals 1, 2, and 4.

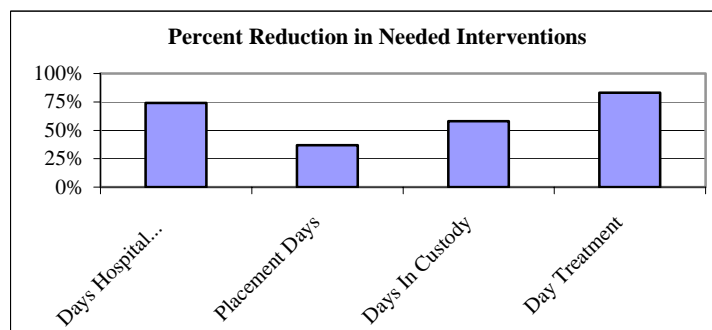
Why is it important? HCA Behavioral Health Services treats Orange County residents of all ages, many of whom suffer from serious and debilitating mental illnesses such as Major Depression, Bipolar Disorder, Schizophrenia, and other mental health disorders. Thus, it is imperative that these populations of clients receive timely and appropriate treatment.

How are we doing?

Adults -- *Psychosocial functioning has improved.* Clients who were evaluated at least twice using the Addiction Severity Index (ASI) in the past fiscal year were examined. The clinical status and functional level of the majority of adults showed improvement along several psychosocial domains including increased employment and improved family/social relationships. Importantly, adult clients also showed marked decreases in alcohol/drug usage and improved psychiatric status following behavioral health treatment.



Children -- *Psychosocial functioning has improved.* The Children's System of Care (CSOC) program serves some of the most severely emotionally and behaviorally disturbed children in the County. This population is at risk for out of home placement, which is very expensive to provide. Children receiving services in the CSOC program showed improvements in psychosocial functioning, school attendance, and reduced out of home placement costs by reuniting children with their families and keeping them out of psychiatric facilities, group homes, foster care, and/or jail. On average, this program saved the County \$36,000 per year for each child served and resulted in improved functioning of these children.



III. OPERATIONAL PLAN

CLIENT PROFILE

HCA's broad range of programs impacts the entire County population, as well as the many tourists and business travelers who visit Orange County each year. While providing direct services to individual clients or patients in need, the Agency's primary focus is to protect and promote the health and safety of the community as a whole.

HCA's programs and services can be broadly divided into three major types: services for the community at large, prevention services for at-risk individuals, and intervention or treatment services to those in need of care. A subcategory of the latter consists of treatment services to persons residing in County correctional or other institutions.

SERVICES FOR THE COMMUNITY

Agency programs such as ocean recreational water protection, food sanitation, hazardous waste management and animal care services focus directly on the prevention of threats to health in the physical environment through monitoring and inspection, licensing, and statutory regulation. Communicable disease programs focus on intervention in the transmission of tuberculosis and sexually transmitted diseases, including HIV. The Agency also monitors acute communicable disease trends and investigates and intervenes in outbreaks and other unusual occurrences.

The Agency's emphasis on advocating safe and healthy lifestyles and practices has increased with the formation of the Health Promotion Division. While located in Public Health Services, the Health Promotion Division serves the entire Agency, assisting with prevention, disease management and health education efforts. This Division includes the Alcohol and Drug Education and Prevention Team (ADEPT) and the Tobacco Use Prevention Program (TUPP), focusing on substance use and abuse as major risk factors for many health problems. Health Promotion programs also collaborate with a variety of public and private organizations and community agencies to prevent injury, chronic disease, and communicable diseases, and to promote personal and family health.

PREVENTIVE SERVICES FOR AT-RISK INDIVIDUALS

Behavioral Health Services programs focus on prevention in the areas of substance abuse and mental health services for adults and children. These efforts are often in partnership with community organizations and contract providers, and are provided in response to legislative mandates.

Initiatives to increase access to healthcare services for children and families will make possible health screenings and early identification of potential health risks for many more Orange County residents. Several Agency programs currently provide services designed to identify and protect individuals who are at risk of developing health problems, both acute and chronic.

These services include in-home and senior center assessments by public health nurses and behavioral health professionals, neighborhood well-child and maternal health clinics, immunizations, nutrition counseling, and food vouchers. In addition, a major goal of the county's Older Adults initiative will be to prevent and reduce the debilitating complications of chronic diseases, such as diabetes.

INTERVENTION/TREATMENT SERVICES FOR INDIVIDUALS

HCA programs also provide services designed to prevent individuals from progressing to more serious health problems. Behavioral Health serves children, adolescents, adults, and older adults with serious mental, emotional disturbances and/or substance abuse problems. Behavioral Health operates under its statutory authority to detain and evaluate individuals and provide crisis stabilization to persons with mental disorders. Prevention services are provided to those who may pose a threat to themselves or to others in the community.

The Preventive Health Care for the Aging Program (PHCA) provides Public Health Nursing assessment, education, chronic disease case management, referral, and follow-up to Orange County's older adults at accessible senior/community centers throughout the county. The goals of the program are to promote healthy lifestyles, to increase access to health care, and to improve the quality of life of Orange County's over-55 population.

Medical Services for Indigents provides for the care of eligible medically indigent adults who have no other source of medical care. There also are clinical and support services for persons with HIV or AIDS, and other communicable diseases; medical and other therapeutic services for disabled children coordinated through California Children Services; and emergency dental services for low-income persons.

TREATMENT SERVICES IN INSTITUTIONAL SETTINGS

The Health Care Agency is responsible for medical, dental, pharmaceutical and behavioral health services to adults in the County's correctional facilities, and minors in juvenile institutions/camps, or Orangewood Children's Home. In fulfilling these responsibilities, the Health Care Agency supports the Sheriff-Coroner, the Probation Department, and the Social Services Agency.

HCA continues to plan for the future in light of our changing population. For example, as the number of senior citizens grows, the number of County residents with chronic diseases that contribute to death and disability will likely increase as well. As the size of the teenage population grows, the number of County residents prone to life style-related causes of chronic disease (e.g., alcohol, tobacco, poor diet and insufficient exercise) will also grow. The number of at-risk individuals requiring prevention services, such as low-income families, the elderly and children, are likely to increase. Individuals requiring medical and/or behavioral health intervention and treatment services will inevitably increase.

Additional information regarding caseload data and population trends is located in Appendix D.

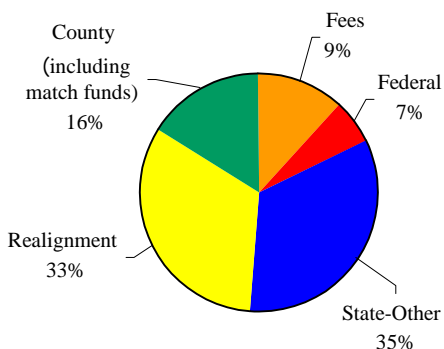
RESOURCES

The HCA adopted budget for Fiscal Year 2003-04 includes \$471 million in net expenditures, with 2,707 positions; revenues include 195 different funding sources. HCA currently operates under 200 state and federal mandates. State and federal funding allocations and locally generated fees comprise 84% of Agency revenue; County general funding comprises the remaining 16%. Private sector service contracts make up over one-half of the Agency budget.

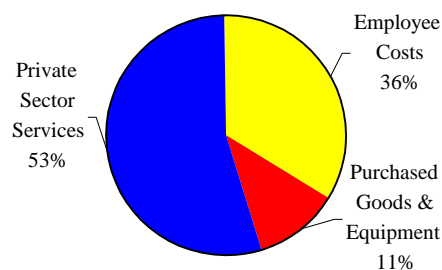
HCA's largest single revenue source is State Realignment Funds, which account for 39% of Agency program revenue. Realignment was established in 1991 by the State legislature as an independent funding source for County health, mental health, and social services programs. Funds are derived from statewide sales taxes and vehicle license fees, and are apportioned by formula to counties.

Other major sources of Agency revenue include: Medi-Cal, Substance Abuse Block Grant, California Children Services, Proposition 99 (Tobacco Taxes), Tobacco Settlement, Proposition 36 (Drug Treatment), and fees for services.

2003/2004 Budgeted Revenue



2003/2004 Budgeted Expenditures



In light of current and pending fiscal constraints, the County and the Agency have instituted a number of measures for the careful monitoring of both revenues and resources. For example, every vacancy occurring in the Agency is carefully scrutinized to ensure that the revenue source providing its funding is stable, and that only critical functions are considered for backfill. Further responses to expected challenges are discussed in the following section.

CHALLENGES

The environment in which the Health Care Agency operates continues to be quite demanding and unpredictable. As with the previous fiscal year, the major challenge anticipated in FY 2004-05 is financial – specifically, the challenge of continuing to provide essential services with declining resources. Other challenges, however, also remain. A summary of major challenges for FY 2004-05 include:

FINANCIAL

- The Health Care Agency, along with all County agencies and departments, has again had to absorb significant increases in the basic “cost of doing business” – unavoidable increases in retirement, group insurance, and other expenses – in building the current-year budget. At the same time, program revenues and available County General Fund revenues have increased very little, or in some cases declined.
- As of 2000-01, Orange County was \$17 million under equity for Realignment Revenue. Outdated funding formulas do not adequately reflect the demand for services in Orange County. The current level of funding to provide a safety net for health care services to the residents of Orange County is just \$60 per capita. This has placed Orange County at 55th out of 58 California counties for per capita expenditures on health and mental health services. Orange County health and mental health expenditures are approximately half that of the statewide median. HCA is participating in a coalition of under-equity counties seeking legislative relief to redress this historical funding disparity.
- The State’s ongoing fiscal crisis continues to result in tremendous budgetary uncertainty for the Agency and the County. Despite the drastic implications of some proposals early in the FY 2003-04 budget process, the ultimate impact on HCA of the State budget, as finally adopted, was less than anticipated. However, major structural difficulties remain, including those relating to the amount and timing of the proposed backfill of Vehicle License Fee (VLF) revenues to local government.
- Even if the VLF is fully backfilled, Realignment funding, which is HCA’s largest single revenue source, remains a major concern. Realignment funding is made up of two components – sales taxes and VLF – both of which tend to increase and decrease with up-and downturns of the State’s economy. Realignment funds have not kept pace with program costs, and this discrepancy will likely remain unless and until the economy is in full recovery.
- To implement Proposition 36, which provides for treatment services for non-violent drug abusers, Orange County has been and will continue to receive approximately \$7.9 million annually, through 2005-06, for treatment, probation, court monitoring, vocational training, and other miscellaneous costs. The number of eligible Orange County participants, the severity of addiction, and the extent of their criminal history have all consistently exceeded initial expectations; consequently annual funding is falling short of requirements. In prior years, reserve funds were used to support the provision of appropriate, quality services. However, in 2003-04 few reserve funds remained, requiring a reduction of over \$1 million in treatment services. In 2004-05, over \$2 million will be needed in addition to the expected

State and Federal funding, to maintain services at the 2003-04 reduced level of services. Significant service reductions are anticipated.

WORKFORCE

- The Agency is still experiencing difficulties in hiring qualified staff, especially for jobs that require specific certification or expertise. Examples include nurses, of which there is a nationwide shortage; physician specialists; and various behavioral health specialists. As one recruiting mechanism, HCA promotes participation in the Management Performance Plan (MPP) and the Performance Incentive Program (PIP) as a benefit of employment with the Agency.
- Another workforce challenge is the ability to respond to the changing social and demographic factors that affect Agency services. The expected growth in both adolescents and older adults and the increase in Hispanic and Vietnamese populations require a long-range plan for working with the local educational system, recruiting early for professions, and increasing the number of culturally competent workers attending and graduating from college.
- The Agency continues to focus on workforce training in collaboration with local colleges and universities. In addition, the Agency has a well-developed Cultural Competency program to provide assistance to staff in the effective delivery of services to all clients. Finally, recent retirements have brought to the forefront the need for succession planning for key positions throughout the Agency; this will be a continuing focus in FY 2004-05 and beyond.

REGULATORY

Compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA) continues to be a challenge for HCA and the County financially and organizationally, and will be so for several more years. These regulations impose sweeping, system-wide changes to health care industry standards for the storage, transmission and processing of health care information. Federally-imposed deadlines for compliance with HIPAA standards began in 2003 and continue through 2005, and will require modifications of policies and procedures, workforce training, upgrades to the physical environment, technological upgrades, systems changes, and perhaps organizational changes.

OVERCOMING CHALLENGES

Meeting the Agency's Net County Cost target for FY 03-04 required that a number of significant reductions and adjustments be negotiated as part of the Agency's initial budget submittal. These included \$4 million in offsets resulting from the use of various trust fund reserves, the deferred build-out of certain facilities, and deferred information system and equipment acquisitions. In addition, \$24.6 million in direct service reductions were incurred, associated with a 51-position reduction in workforce.

On an ongoing basis, in these difficult times, the Agency also continues its practices of carefully monitoring expenditures and revenues and the deployment of resources, advocating for additional outside funding, and optimizing efficiency and effectiveness, as follows:

- Advocating for legislation – including equitable allocations of State funds -- and pursuing grant opportunities to increase non-County funding for existing and new programs, in coordination with the County Executive Office.
- Reviewing fees and other revenues on a regularly scheduled basis to ensure full cost recovery for Agency programs.
- Continuing to work with our many community partners, through formal and informal mechanisms, to best meet the needs of the citizens of Orange County. (Examples of ongoing HCA collaborative activities can be found in Appendix F.)
- Continuing a focus on training and development of staff, succession planning, appropriate contracting for support services, optimal organizational design, and the implementation of new technologies such as IRIS, the enterprise-wide clinical information system and other management information systems, as appropriate, especially in support of revenue generation and compliance objectives (including HIPAA).

STRATEGIES TO ACCOMPLISH AGENCY GOALS -

In addition to the business strategies addressing unique challenges and supporting all of the Agency's goals, the Health Care Agency's 2004 Business Plan contains specific strategies for each goal to be implemented over the next year. The criteria for these strategies include:

- Consistency with County and Agency strategic goals and core businesses
- Anticipated new funding or service mandates, and
- Realistic assessment of the resources available for individual projects

Following are the four community goals and two business strategies for the Health Care Agency. Associated with each goal and business strategy are new or enhanced strategies that will be undertaken during 2004. Associated with each of these strategies are the performance indicators that will be monitored throughout the year to measure their success.

GOAL 1: PREVENT DISEASE AND DISABILITY, AND PROMOTE HEALTHY LIFESTYLES

1.1 HCA staff will aggressively pursue opportunities that will enable them to empower our diverse communities to promote healthy lifestyles.

- By January 1, 2005, the Health Care Agency, with our collaborative partners will develop strategies with local businesses and the community to assist and enroll families whose children are ineligible for public programs to reduce the number of uninsured children in our County, by providing education and outreach.
- By January 31, 2005, HCA and partner agencies' staff will conduct outreach and education to at least 200-400 Asian Pacific Islander community members via health education presentations, workshops, materials dissemination, and small and large community health events.
- By June 30, 2005, HCA Family Health will focus on influencing the eating behavior of low-income families by providing nutrition counseling and/or presentations to all Program contacts.

1.2 With an increase in the diabetic community, HCA Staff will serve as a community resource to families to prevent disease and disability.

- By July 31, 2004, staff members from five-to-seven Asian/Pacific Islander community based organizations and HCA will have attended a basic skills and an in-depth diabetes self-management community health worker training.
- By January 31, 2005, HCA staff will pilot diabetes self-management training with at least 20-30 persons with diabetes and their families.

GOAL 2: ASSURE ACCESS TO QUALITY HEALTH CARE SERVICES

2.1 The HCA will serve as a resource to provide “user-friendly” medical access to families.

- By June 30, 2005, California Children Services (CCS) will facilitate access to specialized medical care by processing 95% of CCS pending cases within five working days.
- By June 30, 2005, CCS will facilitate access to Medical Therapy Unit (MTU) services by offering appointments for initial evaluation within two weeks of date MTU accepts referral on 90% of all referrals.
- By June 30, 2005, CCS will facilitate access to specialized medical care by offering 100% orthodontia screening appointments for children eligible for Healthy Families program within 120 days of receipt of CCS referral.
- By June 30, 2005, Behavioral Health Services will develop and implement a medication only clinic for adults requiring minimal support to remain in community. In at least one region, will develop a medication-only clinic to increase access to psychotropic medications for those consumers who have not yet received financial benefits through physician assistance programs.
- Children and Youth Services, in collaboration with the Social Services Agency, will secure a Community Treatment Facility for seriously emotionally disturbed children that will be fully operational by December 2004.
- By June 30, 2005, Family Health will obtain Foundation funding to expand the Public Health Children’s Dental Clinic to children up to 19 years of age.

GOAL 3: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT

3.1 HCA will provide information to residents focusing on a safe and healthy community.

- By June 1, 2005, Emergency Medical Services, in partnership with Quality Management and various public agencies, will develop a public education program related to various aspects of emergency medical services for EMS Week.
- By June 30, 2005, Environmental Health will enhance the availability of information on restaurant quality via website posting of inspection data and a new inspection seal. A brochure will be developed to describe Orange County’s Public Notification Program.
- By June 30, 2005, Environmental Health will promote the protection of recreational ocean waters by developing and implementing a boating oil exchange program in Newport Beach.
- By June 30, 2005, Environmental Health will identify and send notice to owners of former landfills that have no gas control systems in place and which threaten nearby residences/businesses.

3.2 *HCA staff will be prepared to respond in the event of a major emergency.*

- Emergency Medical Services will continue to develop and implement disaster training programs for key personnel of the Health Care Agency.

GOAL 4: RECOMMEND AND IMPLEMENT HEALTH POLICY AND SERVICES BASED UPON ASSESSMENT OF COMMUNITY HEALTH NEEDS

4.1 *Continue collaborative efforts that enhance the use of data in policy development.*

- Appropriate health-related data will be provided for inclusion in the 2004 Community Indicators Report by February 2004, and the Tenth Annual Report on the Conditions of Children by August 2004, in support of the Children and Families Commission.
- Appropriate health-related data will be provided for inclusion in the Third Annual Report on the Condition of Older Adults by March 2004, in collaboration with the Office on Aging and Social Services Agency.
- HCA will continue to collaborate with Housing and Community Development in the annual Homelessness Prevention needs assessment, and in development of the Homelessness Management Information System.
- HCA will continue to play a key role in the implementation of the Orange County Health Needs Assessment and provide morbidity, mortality and hospitalization data for the 2004 report.

BUSINESS STRATEGY 1: ENCOURAGE EXCELLENCE BY ENSURING A HEALTHY WORK ENVIRONMENT THAT VALUES EMPLOYEES

5.1 *The Health Care Agency is committed to and dedicated to ensuring that all employees have opportunities available to them to ensure a healthy work environment.*

- Efforts of the HCA Labor Management Committee will continue to be fully supported.
- Performance Incentive and Management Performance Plans will continue to be fully supported.
- Efforts of the HCA Safety Program will continue to be fully supported.

BUSINESS STRATEGY 2: SUPPORT THE WORKFORCE THROUGH THE EFFECTIVE USE OF TECHNOLOGICAL AND OTHER RESOURCES

6.1 *Enhance employee performance through increased access to information technology.*

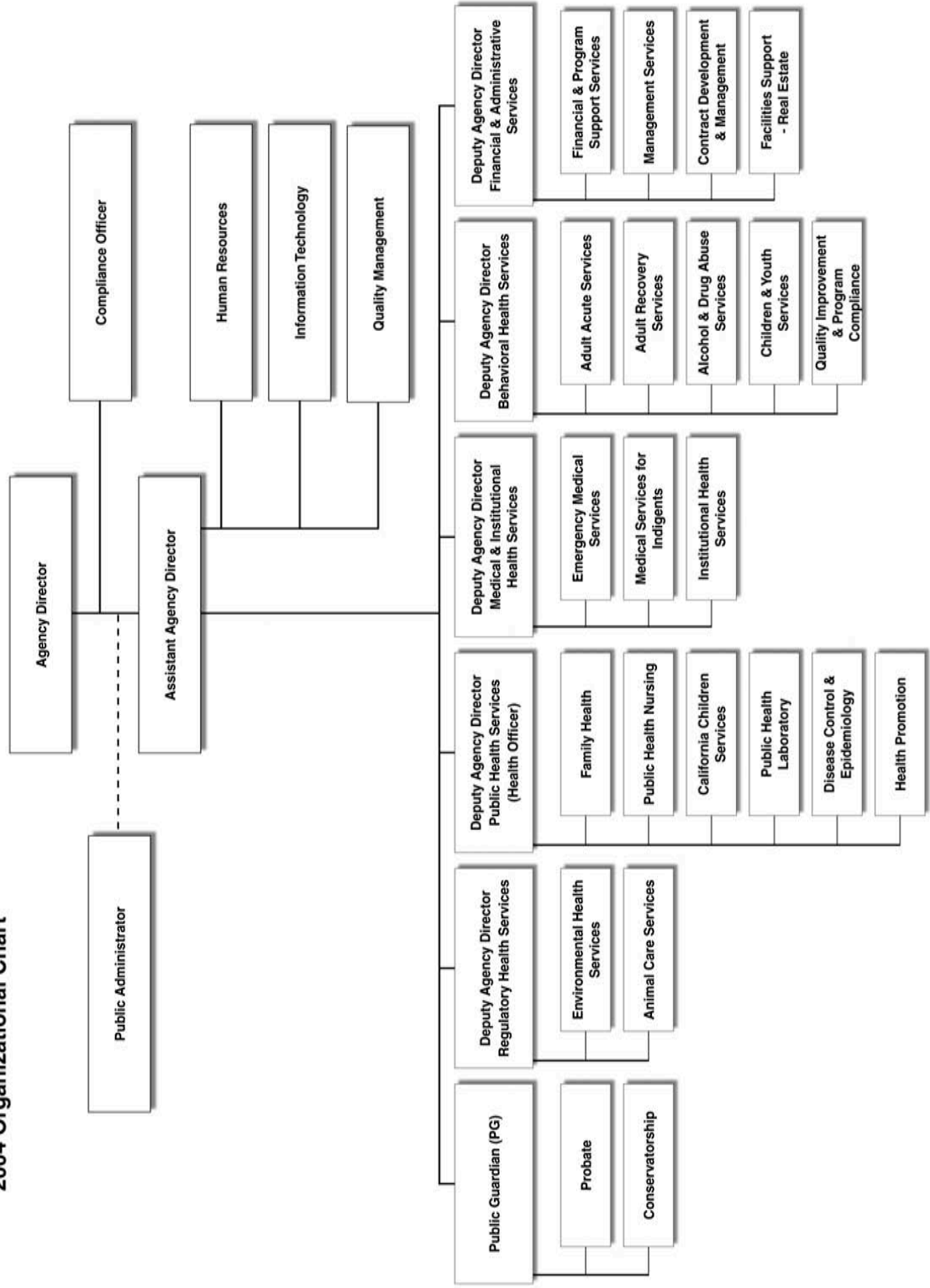
- The feasibility of implementing an Electronic Receiving System for Agency purchases will be determined by July 2004.

HEALTH CARE AGENCY

2004 BUSINESS PLAN

IV. APPENDICES

Health Care Agency 2004 Organizational Chart



Health Care Agency Executive Team

Juliette A. Poulson, RN, MN

Director

David L. Riley

Assistant Director

Mark B. Horton, MD, MSPH

Deputy Agency Director/Health Officer
Public Health Services

Robert Gates

Project Director
Medical Services for Indigents

Mark Refowitz, LCSW

Deputy Agency Director
Behavioral Health Services

Ron LaPorte

Chief
Office of Quality Management

Mike Spurgeon

Deputy Agency Director
Regulatory Health Services

Dennis Masiello

Chief Information Officer
Information Technology

Alice Manning

Interim Deputy Agency Director
Financial and Administrative Services

Jeffrey A. Nagel, PhD

Chief Compliance Officer
Office of Compliance

Business Plan Team Office of Quality Management

Ron LaPorte

Chief

Curtis Condon, Ph.D.

Senior Research Analyst

Steve Ambriz

Planning Manager

David Samarin

Computer Graphics Specialist

The content and preparation of the 2004 HCA Business Plan involved the Executive Team, Office of Quality Management, Division Managers, Program Managers, and the Labor Management Committee and its Project Development Subcommittee. Feedback and suggestions were also solicited from all HCA employees and from members of the various Boards, Committees and Commissions that advise the Agency.

Business Plan 2003 Summary of Accomplishments

The Health Care Agency's Business Plan 2003 contained four goals, two Business Strategies and 26 consolidated projects, of which 80% were completed in whole or in part. A tally and highlights are provided below.

1. Prevent Disease and Disability, and Promote Healthy Lifestyles

This goal had three performance indicators of which one was accomplished, and two were partially accomplished. Highlights of the accomplishments that further this goal include:

- Training has been provided to key HCA personnel in connection with the California Health Alert Network and the Agency Operations Center.
- Testing procedures for biological agents are available, and the new biohazard containment laboratory is operational.

2. Assure Access to Quality Health Services

This goal had seven performance indicators of which three were accomplished, three were partially accomplished, and one was not accomplished due to cost reductions. Highlights of the accomplishments that further this goal include:

- Four clinicians are available to the community to provide access to behavioral health crisis response services.
- A team has been established to provide intensive mental health services to those individuals who have frequent hospitalizations and/or incarcerations due to behavioral health problems.
- Older adults with mental illness have received education regarding their mental illness and interventions to reduce symptoms, often including psychiatric medication intervention to restore to the highest possible level of functioning.

3. Promote and Ensure a Healthful Environment

This goal had five performance indicators of which four were accomplished and one was partially accomplished. Highlights of the accomplishments that further this goal include:

- The Agency Operations Center is fully equipped and training has been provided which will enhance the County's emergency response capabilities.
- The public can access water quality information through a newly created website.
- Shellmaker Water Quality Lab in Newport Beach is now fully operational.

4. Recommend and Implement Health Policy and Services Based upon Assessment of Community Health Needs

This goal had two performance indicators of which both were accomplished. Highlights of the accomplishments that further this goal include:

- The Health Care Agency provided health related data to the Ninth Annual Conditions of Children Report and the 2004 Report on the Condition of Older Adults.

5. Encourage Excellence by Ensuring a Healthy Work Environment that Values Employees

This goal had seven business strategies of which five were accomplished and two were partially completed. Highlights of the accomplishments that further this goal include:

- The Labor Management Committee has provided updates to employees and established a “Team Excellence Award” program.
- The Health Care Agency is in full compliance with the HIPAA privacy standards, as mandated by Federal law.
- The Health Care Agency is in full compliance with the Americans with Disabilities Act.

6. Support the Workforce through the Effective Use of Technological and Other Resources

This goal had two business strategies of which one was accomplished and one was partially accomplished. Highlights of the accomplishments that further this goal include:

- The Information Technology division successfully implemented the registration and document imaging modules of the IRIS system, which improved access to information technology.
- The Electronic Requisitioning System was fully implemented by October 2003.

Projects not accomplished as planned: Only one (1) of the proposed twenty-six (26) strategies was not accomplished. As previously indicated, cost reductions had a significant impact on the proposed strategy not being accomplished.

Unanticipated Accomplishments: Frequently, projects develop during the calendar year that were not anticipated when the Business Plan was prepared. Major projects that provided unanticipated accomplishments for the Health Care Agency are described below:

- The first annual celebration of Emergency Medical Services (EMS) week recognized EMS personnel and provided EMS related education to the public.
- Animal Care Services accepted the responsibility to provide shelter services for the city of Santa Ana.

APPENDIX C

- Education and smallpox vaccinations were provided to appropriate Public Health and Behavioral Health personnel in the event of a bioterrorist event.
- Orange County is a recognized leader in HIPAA implementation with the State from the lead role in HIPAA transaction and code set implementation.
- In collaboration with local sanitation districts, Environmental Health was able to post historical water quality sampling data on the web page.
- California Children Services opened a Medical Treatment Unit in the City of Garden Grove to expand services for children.
- Women, Infants and Children (WIC) opened a facility to serve residents in Fountain Valley and the surrounding areas.
- Public Health initiated rapid HIV testing to provide results within 20 minutes so patients can receive immediate counseling following a diagnosis.
- The Medical Services for Indigents program conducted planning efforts to expand the specialty physician network.

Caseload/Client Data – Profile of Service Recipients

The following table provides a brief description of client groups and caseload information for programs selected to represent the range of services provided by the Agency. The data provided are the most recent available from each program and reflect a 12-month period, either calendar or fiscal year:

	PROGRAM	SERVICE RECIPIENT	TYPE OF SERVICE	FISCAL YEAR 2002-03
1.	Animal Care Services	Residents of 19 cities & unincorporated areas	Animal licenses	147,665
2.	Animal Care Center	Residents of 22 cities & unincorporated areas	Live animals impounded	35,438
3.	Behavioral Health - Adult	Adults with mental illness and/or substance abuse problems	Persons served in the community	38,524
4.	Behavioral Health - Older Adult	Older adults with mental illness and substance abuse problems; frail elderly at risk of out-of-home placement	Persons served in the community	4,517
5.	Behavioral Health - Children	Seriously emotionally or behaviorally disturbed children, substance abusing adolescents	Persons served in the community	11,964
			Persons served in County Institutions (Orangewood, juvenile justice facilities)	4,508
6.	California Children Services	Children with disabling or potentially disabling conditions	Case Management Services	13,278
			Physical Therapy Units of Service	185,000
			Occupational Therapy Units of Service	182,000
7.	Maternal, Child and Adolescent Health	Low income children	Child health clinic visits	15,123
			Child linkages to Child Health and Disability Prevention program community providers	201,206
		Children and Adults	Immunizations clinic visits	70,987
			Vaccines given	401,328
		Low income pregnant women	Prenatal care referrals	1,072
		Low income pregnant or parenting teenagers and siblings	Case Management	1,088
		Low income women and their partners	Contraception education and methods for women and partners	11,952
8.	Epidemiology and Assessment	All County residents	Communicable disease reports	12,578
9.	Emergency Medical Services	All County residents and visitors	Total 9-1-1 EMS responses	195,630
			Paramedic transports to designated ER	50,156
			Trauma patients served by trauma center	4,080
		Emergency Medical Technicians-1's	Certification/re-certification of EMT-1s	477
		Paramedics	County licensure of EMT-1s	1,430
		Ambulance companies and fire depts.	Local accreditation of paramedics	35
			Inspection and licensure of public and private ambulance vehicles	300
		EMT-I and Paramedic Training Programs	Review and approval of EMT-I and Paramedic training programs	10
10.	Dental Health	Trauma Centers	Designation of Trauma Centers serving Orange County	3
		Low Income Residents	Emergency Dental Care	3,834
		Low Income Children	Dental Treatment and Prevention Services	1,222
		Persons with HIV or AIDS without resources	Dental Treatment and Prevention Services	1,905

APPENDIX D

11	Employee Health	County employees	Initial/routine/return-to-work examinations and/or follow-up	12,301
12	Environmental Health	All County residents	Retail food facility inspections	30,538
13	Environmental Health	All County residents	Hazardous waste inspections	5,183
14	Health Promotion	All County residents	Public Education	688,671
			Target Group Education/Technical Assistance (includes former separately reported Staff Educ. & Training Tech Asst.)	80,659
			Patient Education/Screening /Referrals	27,327
			Policies Instituted	53
15	HIV Test Sites	Persons at risk of HIV infection	HIV testing and counseling	12,525
16	HIV Clinic	Persons with HIV infection or AIDS w/o resources for medical care	Medical care and case management visits	13,622
17	Institutional Health	Incarcerated adults	Medical screening assessments	62,200
			Sick-call visits (medical/dental)	159,842
			Behavioral health assessments	9,211
18	Institutional Health	Detained juveniles	Comprehensive intake assessments	10,950
			Sick-call visits (medical/dental)	37,729
19	Medical Services for Indigents	Low income adults	Paid hospital inpatient days	24,386
			Hospital emergency department visits	12,483
			Unduplicated number of patients	13,260
			Total Physician Visits	188,501
20	Nutrition Services	Low income pregnant, postpartum, and breastfeeding women and children to age 5	Nutritional counseling and food vouchers: Women	125,049
			Infants and Children	409,502
21	Public Health Community Nursing	Infants, families or individuals, primarily low income, at high risk of health problems		32,156
		Pregnant and parenting teens	Home visits for assessment, counseling/teaching, case management	5,046
22	Specialized Public Health Nursing	Pregnant substance abusing and/or HIV infected women	Home visiting Case Management, Assessment, Counseling, Teaching and Referral Services	2,658
		Children and Youth in Foster Care/out-of-home placement	Nursing Consultation and Case Management Services, Social Worker and Foster Parent Training	24,256
		Older adults with unmet health care needs	Home Visits for assessment, counseling/teaching, and case management. Home visits and phone visit contacts	2,388
		Older adults, 55 years of age and older with health monitoring needs	Community clinic visits for physical assessment, counseling/teaching, case management, special screening, health education.	6,563
23	STD Clinic	Persons, primarily low income, with sexually transmitted diseases	Clinic visits for diagnosis and treatment of sexually transmitted diseases other than AIDS.	24,275
24	Tuberculosis (TB) Control	Persons with TB infection but not active disease	Clinic visits for treatment of latent TB infection	39,859
25	Home Visits for TB Direct Observed Therapy	Persons with active TB disease	Directly observed therapy visits for active disease or latent infection	48,450
26	Tuberculosis (TB) Control	Persons with active TB disease	Clinic visits for treatment of active TB disease	8,573

DEMOGRAPHIC CHANGES AFFECTING HEALTH CARE

Orange County, which is the second largest county in California, is likely to continue to grow and become more ethnically and racially diverse over the next decade, with the fastest growing population groups expected to be teens (up 46%) and older adults (up 37%); in fact, the category “older adults” includes the two fastest growing segments of our population, persons 55-64 (up 75%), and 85 and above (increasing 62%).

The Hispanic teen population is expected to almost double by the end of the decade, followed by Asian/Pacific Islander teens at 53%. For adults age 60 and older, the greatest increases are projected to be among American Indians, African Americans, and Asian/Pacific Islanders (all up nearly 90%), followed by Hispanics (up 65%) and non-Hispanic Whites (up 25%).

The anticipated increases in these two age groups will result in increased numbers of at-risk individuals requiring prevention services, and individuals requiring medical and behavioral health intervention and treatment services.

According to March 2003 figures, the unemployment rate for Orange County was 3.8%, up by .2% from a year ago. While increased slightly from a year ago, Orange County’s rate has consistently been below the state and national averages. Of greater concern is that the number and percentage of families living in poverty is increasing, and that in fact – as noted in the recently published *Ninth Annual Report on the Conditions of Children* – the percentage of children living in poverty in Orange County, at 16.7%, exceeds the national rate of 10.6%. Negative impacts on health are, of course, one of many consequences of living in poverty, particularly for children and youth.

HCA Labor Management Committee (LMC)

2003 Co-Leaders: Christine Ford and Linda Moore
Sponsors: Ron LaPorte (HCA), Maria DeLaTorre and Kathleen Sage (OCEA)
Facilitator: Maria DeLaTorre (OCEA)

Ambriz, Steve	Harte, James
Bausman, Elizabeth	Hassanpour, Fedra
Berg, Pam	Havlik, Barry
Bieker, Caroline	Hodel, Karen
Boon, Lee	Miller, Scott
Boyd, Linda	Moore, Linda
Chinchilla, Renee	Murphy, Martha
Coleman, Wade	Phomvongsa, Trinh
Covett, Gary	Post-Minko, Linda
Crick, Carolyn	Reynolds, Carmen
Croteau, Juanita (Vickie)	Sage, Kathleen
Dean, Shelley	Smith, Kevin
Fennessy, Denise	Stebbins, Margie
Ford, Christine	

HCA 2003 Labor Management Committee (LMC) Accomplishments

The Health Care Agency's Labor Management Committee (LMC) was established in February of 1999, as a cooperative partnership with the Orange County Employee's Association (OCEA), to provide a forum for addressing and resolving workplace issues. The Committee's goals are to:

1. Create a working environment that encourages active engagement in achieving organizational goals and contribute to community, client and employee satisfaction.
2. Provide a forum to improve communication between all HCA employees (employees, supervisors and managers).
3. Facilitate resolution of workplace issues in order to improve employee satisfaction while providing quality health care services and regulatory oversight.
4. Provide a forum for employees to propose workplace process improvements intended to improve service delivery or improve effectiveness and/or efficiency.

Described below are the accomplishments of the HCA/LMC during 2003:

- The LMC Workplace Issues Sub-Committee has received fifty-five (55) workplace issue requests to date. Two (2) issues remain open. The remaining fifty-three (53) issues have been resolved or referred to the appropriate alternate authority for processing.
- The LMC Communications Sub-Committee routinely publishes informational articles in the Agency's newsletter, which reaches all HCA employees. Minutes of the LMC meetings are routed to all Building Managers for posting in common areas.
- An internal LMC Website has been developed to provide on-line information to all HCA employees who have access to a computer. In addition, any and all potential cost-savings ideas can be submitted via email, with the confidentiality of those submitting being respected.
- The LMC Membership Sub-Committee has developed a membership drive PowerPoint presentation that has been used successfully to solicit new members to the committee.
- The new LMC Project Development Sub-Committee developed an LMC Team Excellence Award.
- All LMC members will be provided an opportunity to review and comment on the Business Plan prior to finalizing the document.

HEALTH CARE AGENCY COLLABORATIVES

The Health Care Agency operates in an increasingly collaborative environment – nearly every major project included in the 2004 Operational Plan involves entities outside the Agency, including consumers.

Collaboration is fostered both by program requirements and the desire to provide a coordinated continuum of services for clients. Coordinated services can reduce duplication, improve efficiency, and produce better outcomes for consumers.

Examples of the types of collaborative efforts in which the Health Care Agency will be engaged in 2004 include:

- Continued efforts with the Sheriff-Coroner, OC Fire Authority, County Executive Office (CEO), and District Attorney to plan for and respond to any natural or other disaster or terrorist event.
- Collaborating with the County Executive Office, Probation, District Attorney, Public Defender, the Social Services Agency (SSA), and the Courts to implement Proposition 36 and provide a broader continuum of drug treatment and supervision services as an alternative to incarceration.
- Continued efforts with the Sheriff, Courts, Probation, and others to develop alternatives to incarceration for drug abusers and the mentally ill, and to expand treatment alternatives for juveniles on probation.
- Partnering with SSA, Probation, Regional Center, Orange County Department of Education (OCDE), and others to develop a comprehensive continuum of services for children with mental illness and children who have been, or are at risk of being, placed outside the home.
- Working with SSA, the CEO, the Housing and Community Services Department, and other public and private organizations to develop and coordinate services to older adults with mental health and substance abuse issues, and to frail elderly at risk of out-of-home placement.
- Joining with Housing and Community Services Department, SSA, the Probation Department and other public and private organizations to identify strategic priorities for improving/expanding services for older adults and for assessing domestic-violence related services in Orange County.
- Serving as a partner on the Child Abuse Services Team with the District Attorney's Office, SSA, law enforcement agencies and community groups, HCA provides community leadership in child abuse prevention, educational programs and networking with other agencies, in addition to providing forensic examinations and crisis therapy to victims of abuse.
- Participating with the Public Facilities and Resources Department, the Regional Water Quality Control Board, and other public and private organizations to address watershed and urban runoff concerns and improve ocean water quality.

- Serving as the lead partner in collaborating with SSA, CalOptima OCDE and local hospitals, clinics and community based organizations to implement strategies for increasing access to health care for children.
- Serving as a collaborative partner with the Sheriff, Probation, Social Services Agency and community organizations on the Community Revitalization Program to assist residents and families from the unincorporated communities of El Modena, La Colonia Independencia, Midway City and Southwest Anaheim with linkage to existing regional County services and/or community resources.
- Serving as a collaborative partner with the Housing and Community Services/Homeless Prevention and Related Programs Division to identify gaps and to develop programs to meet needs in the County's Continuum of Care System for the homeless.

The Health Care Agency also plays a key role in countywide and regional health planning efforts. Examples include:

- Establishing the Coalition for Realignment Equity, comprised of 19 under-equity counties, focused on drafting legislation with the goal of achieving a fair share of health and mental health realignment dollars for each under-equity county.
- A collaborative of many agencies, public and private, the Emergency Medical Services Week Committee is committed to providing public information regarding the various types of emergency medical services that are available to the residents of our communities.
- In collaboration with community partners, developing and implementing a plan for County Tobacco Settlement Revenue (TSR).
- Serving on the Children and Families Commission (Proposition 10), and its Technical Advisory and Evaluation Committees. The Commission sets priorities and funds programs to address the needs of Orange County children from birth to age five.
- Serving on the Orange County Health Needs Assessment Steering Committee and Community Partnership, which sponsors the triennial countywide health needs survey and identifies issues and problems based thereon.
- Serving as a board member on the County-organized health system, CalOptima, which provides health services to more than 240,000 Medi-Cal and 20,000 Healthy Families beneficiaries. In addition, HCA is also involved on both the Provider and Member Committees.
- Serving as a collaborative partner with municipalities, law enforcement, the courts, families and consumers, and the treatment community in the Orange County Coalition for Comprehensive Mental Health Services.